☐ FORM TO BE KEPT CONFIDENTIA	AL (if box checked)
APPLICANT (name):	FOR COURT USE ONLY
APPLICANT IS THE STATE OF	1
APPLICANT IS: Witness Juror Attorney Party Other Person submitting request (name):	
APPLICANT'S ADDRESS:	
TELEPHONE NO.:	1
NAME OF COURT:	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE: BRANCH NAME:	-
NAME OF JUDGE:	
TYPHIL OF GOOD.	1
CASE NAME:	4
	CASE NUMBER:
REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES and ORDER	
Applicant requests accommodation under California Rules of Court, rule 989.3, as f	ollows.
Type of proceeding: Criminal Civil Civil	onomo.
2. Proceedings to be covered (e.g., bail hearing, preliminary hearing, particular witnesses	at trial, sentencing hearing):
Dates accommodations needed (specify):	
4. Impairment necessitating accommodations (specify):	
5. Type of accommodations (be specific):	
6. Special requests or anticipated problems (specify):	
7. I request that my identity be kept CONFIDENTIAL NOT be kept CONFI	DENTIAL.
I declare under penalty of perjury under the laws of the State of California that the fore	egoing is true and correct.
	genig ie nae ma eeneen
Date:	
(TYPE OR PRINT NAME)	(SIGNATURE OF APPLICANT)
ORDER	
the applicant satisfies the requirements of the rule. it does not create an undue burden on the court. it does not fundamentally alter the nature of the service, program, or activity. the applicant satisfies the requirements of the rule. rule. it creates it creates it fundamentally alter the nature of the it creates it fundamentally.	or accommodations is DENIED because icant does not satisfy the requirements of the s an undue burden on the court. Inentally alters the nature of the service, or activity.
Date:	

JUDGE